



**Institute of Space Technology
KICSIT Kahuta Campus
P.O. Box 502, Rawalpindi.**

Please paste
your recent
Passport size

Photograph

duly attested
by a gazetted
officer on
face side

APPLICATION FORM FOR ADMISSION

Please give your preference by allotting numbers (1st, 2nd) and signature in the given box(es) for Fall Session

| | | | | | | |
|------|---------|------------|------------------------|--------|---------|------------------------|
| Fall | Program | Preference | Signature of Applicant | Spring | Program | Signature of Applicant |
| | BSCE | | | | BSCS | |
| | BSCS | | | | | |

SEMESTER: Spring ☐ Fall ☐

Year:

| | | | |
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| 2 | 0 | 2 | |
|---|---|---|--|

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|----------------|---------------|--|--|--|--|----------------------|---|---|---|---|---|---|---|---|---|---|
| For office use | KICSIT No. | | | | | Reg. No. if admitted | | | | | | | | | | |
| | Admission No. | | | | | Admission Date | | | - | | | - | 2 | 0 | 2 | |
| Institution | | | | | | | D | D | | M | M | | Y | Y | Y | Y |

Instructions: Please follow these instructions carefully

1. Fill the form in BLOCK LETTERS and in your own hand writing.
2. Paste one recent attested self photograph on the top right corner.
3. Fill the form completely; **Incomplete Application forms will not be processed.**
4. Submit four more same photographs (Attested on Back Side), attested copies of SSC, HSSC or DAE Result Cards, NTS (NAT-I) score (if already taken), Provisional and Character Certificates issued by the Institution last attended.
5. (a) **APPLICANTS WHO HAVE 50% OR ABOVE MARKS IN INTERMEDIATE OR EQUIVALENCE EXAM WITH EITHER MATHEMATICS AS A SUBJECT OR PRE-MEDICAL AS A DISCIPLINE TO APPLY FOR ADMISSION IN BSCS.**
(b) **60% MARKS IN HSSC PRE-ENGINEERING, OR HSSC COMPUTER SCIENCE OR A-LEVEL WITH SAME COMBINATIONS OR DAE (AS PER APPROVED DISCIPLINE OF PEC) TO APPLY FOR ADMISSION IN BSCE.**
6. Fee Category: 1: Child of KRL Employee (Sr. No. 27 must be filled) 2: Child of Strategic Org. Employee (Sr. No. 27 must be filled)
3: Others (General Public).
7. Checklist of required documents is given on the last page, please ensure these are enclosed and ticked them.
8. Applicants having NTS (NAT-I) Score (if already taken) should be valid date announced by the KICSIT. Otherwise please take a fresh test.
9. The order of preference once given shall be final & cannot be changed subsequently.

Fee Category: KRL ☐ SPD ☐ Others ☐

1. Academic Record:

EDUCATION:[illegible]

Is any member of your family currently studying at KICSIT? Yes ☐ No ☐ If yes than state:

| | | | |
|-----------|--|------------------|--|
| Name: | | Registration No. | |
| Semester: | | Class: | |

(Use block letters and words separated by blanks)

| | |
|----|------------|
| 2. | Full Name: |
|----|------------|

[illegible]

4. CNIC No.

| | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|--|---|--|
| | | | | - | | | | | | | - | |
|--|--|--|--|---|--|--|--|--|--|--|---|--|

 (Write your own CNIC No. or B Form No.)

5. Date of Birth:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | - | | | - | | | | |
| D | D | | M | M | | Y | Y | Y | Y |

6. Gender: ☐ Male ☐ Female

7. Religion:

8. Sect:

[illegible]

(Area Code-Tel. Number)

(Keep this number active for communication)

[illegible]

| | | | | | | | | | | | | |
|--------|---|---|--|--|---|--|--|--|--|--|--|--|
| Mobile | 0 | 3 | | | - | | | | | | | |
|--------|---|---|--|--|---|--|--|--|--|--|--|--|

11. E-Mail (Mandatory)

12. Present Address:

13. Permanent Address:

14. Union Council:

15. City/Town/Village:

16. Tehsil/Taluka:

17. District/Agency: (Provide Agency Name in case of FATA)

18. Province:

| | | | | | | |
|--------|-------|---------------------|----------------|-------------|------------------|-----|
| Punjab | Sindh | Khyber Pakhtunkhwah | Northern Areas | Balochistan | Gilgit/Baltistan | AJK |
|--------|-------|---------------------|----------------|-------------|------------------|-----|

19(a). Domicile Province _____ 19(b). Domicile City _____

20. Father's Occupation: _____ 21. Father's CNIC No.

22. Father's Mobile No. _____ 23(a). Father's/Guardian's NTN No. _____

23(b). Father's/Guardian's Fax No. & E-Mail: _____

24. Siblings Record:

| Details about your brothers and sisters: | | | | | |
|--|-----|--|-----------------------|--|-------------------------------------|
| Name | Age | School/College/University (If still studying) | Annual Fee (in Rs) | If Obtaining Scholarship (in Rs) | Parents' Contribution (in Rs) |
| | | | | | |
| | | | | | |
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| | | | | | |

25. Academic Information:

College last attended: College from where you appeared for HSSC / DAE Board exam.

a) College Name:

b) College Contact No. (Area code Telephone Number)

c) College Address:

26. National Aptitude Test Score: (NAT-IE, NAT-ICS, NAT-IGS):

☐ I have already taken NAT-IE/NAT-ICS/NAT-IGS and its particulars are

| Name of the Test | Roll No. | Exam Taken on | Where Taken | Score | Score Valid Till |
|------------------|----------|---------------|-------------|-------|------------------|
| | | | | | |

☐ I have already applied for NAT to be conducted on

| Date of Test | Roll Number | Name of Test NAT-(IE/ICS/IGS) | Center |
|--------------|-------------|-------------------------------|--------|
| | | | |

☐ I have not applied for NAT yet and would like to take the NAT test to be held on date announced by the KICSIT.

Note: For this you will have to deposit Rs. 700/- fee along with Prospectus/processing charges, it will be sent to NTS and you will be informed about the venue and timing of the test. This fee is non-refundable and non-transferable.

27. Particulars of parents of children of KRL or SPD controlled organization (Please fill it completely):

| P. No. | | | | | | Name | | | | | | | | | | | | | Designation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pay Scale (SPS, BPS, Fixed Pay) | | | | | | | | | Division | | | | | | | | | Organization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status | | | Regular/Contract/Retired | | | | | | Office Contact No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Note: Bonafide certificate to this effect from Employer Organization is required. Security person from SPD should submit their service certificates from commander security group and CWO employees should submit their service certificates from Director Works CWO.

28. a) **DECLARATION BY THE APPLICANT**

1. I _____ D/S/O _____ understand that admission in BSCS/BSCE at Dr. A. Q. Khan Institute of Computer Sciences & Information Technology is a privilege and in the event of my selection as a student, I accept to abide by the rules and regulations of this Institute currently enforced and as added or amended from time to time.
2. I shall be punctual and regular in attendance and serious in studies and take all tests/examination and complete assignments given to me from time to time during my studies in the Institute.
3. I shall faithfully abide by the rules pertaining to discipline and shall act under all circumstances in a manner which upholds the dignity and traditions of Dr. A. Q. Khan Institute of Computer Sciences & Information Technology, I further declare that I shall never indulge in any unhealthy activity during my stay in the Institute.
4. I agree that the decision of the Director will be binding in all the matters of the Institute.
5. I also certify that information supplied by me in this form is correct to the best of my knowledge. I understand that if found to be otherwise, it is a sufficient cause for rejection of admission or my dismissal from the Institute.

Date:

Signatures of Applicant

/ /

dd mm yyyy

b)

DECLARATION BY THE PARENT / GUARDIAN

1. I _____ Father or Guardian of _____ hereby affirm that my son/daughter/ward is our mutual responsibility and I solemnly assure that I shall remain in constant contact with the Institute in connection with the academic progress, conduct and behaviour of my son/daughter/ward.
2. I understand that my inability to attend the Institute, as and when required, will authorise the Director to take ex-parte decision in respect of my son/daughter/ward and that it shall be binding on me under all circumstances.

Dated: _____

Signature of Parent/Guardian
Contact Phone No. _____

CHECKLIST OF THE REQUIRED DOCUMENTS:

Please attach the following with this form :

- ☐ Four attested passport size photographs (one attested on front and three on backside).
- ☐ Attested copies of documents mentioned in Instruction (4).
- ☐ Attested copy of CNIC of your Parent/Guardian.
- ☐ NTS(NAT-IE, NAT-ICS,NAT-IGS) valid score, if test already taken. See Instruction No. 9
- ☐ Copy of applicant's CNIC or Form B.
- ☐ Bonafide certificate of service from parents working in KRL/Strategic Organizations.

For enquiries contact us at:

Phone No. (051)-9285187, (051)-9285059

Fax No. (051)-9285245

E-mail Address: admissions@kicsit.edu.pk

Website: www.kicsit.edu.pk

APPLICATION SUBMISSION

Please return the completed application form with following options.

Option No.1 (Online Only)

Send all scanned documents along with fee receipt on the following email addresses:-
admissions@kicsit.edu.pk
hamidrafique1986@gmail.com

Option No.2 (By Post / By Hand)

Dr. A. Q. Khan Institute of Computer Sciences
& Information Technology(KICSIT), KRL,
Post Office Sumbalgah, Kahuta - 47320,
District Rawalpindi